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APPLICANTS

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** CONTINUING DATA ***** *none PRA*

** FOREIGN APPLICATIONS ***** *none PRA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

Mammography film cassette

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